

PI10000062740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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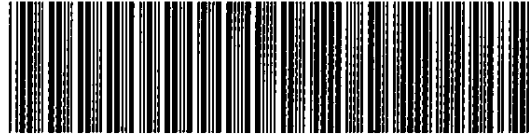
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/11/11--01028--014 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUL 11 PM 4: 06

APPROVED
AND
FILED

1/4

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Gator's Mowing Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Margaret Ann Fountain
Name (Printed or typed)

5349 Tower Street
Address

Ridge Manor, Florida 33525
City, State & Zip

(352) 583-5927
Daytime Telephone number

NA yet.
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: GATOR'S MOWING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5349 Tower Street
Ridge Manor, Florida
33525

Mailing address, if different is:

11 JUL 11 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS UNDER THE LAWS
OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Gallard Fountain, Pres.
Address: 5349 Tower Street
Ridge Manor, Florida
33525

Name and Title: _____
Address: _____

Name and Title: Margaret Ann Fountain, Sec/Treas.
Address: 5349 Tower Street
Ridge Manor, FL 33525

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Margaret Ann Fountain
Address: 5349 Tower Street
Ridge Manor, FL 33525

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Margaret Ann Fountain
Address: 5349 Tower Street
Ridge Manor, FL 33525

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Margaret Ann Fountain 07/06/11
Required Signature/Registered Agent Date
MARGARET ANN FOUNTAIN

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Margaret Ann Fountain 07/06/11
Required Signature/Incorporator Date
MARGARET ANN FOUNTAIN